

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>lw</i>	<i>68904</i>	<i>2/11/00</i>
O.I.P.E. CLASSIFIER		<i>73</i>	<i>7/15/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
		<i>60571</i>	<i>6-12-00</i>

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	✓	3/26/01
2	✓	✓	8/10/01
3	✓	✓	12/27/01
4	✓	✓	7/22/01
5	✓	✓	3/24/02
6	✓	✓	9/12/02
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
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43	✓	✓	
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47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	3/28/01
52	✓	✓	8/10/01
53	✓	✓	12/27/01
54	✓	✓	7/22/01
55	✓	✓	3/24/02
56	✓	✓	9/12/02
57	✓	✓	
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99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	3/28/01
102	✓	✓	8/10/01
103	✓	✓	12/27/01
104	✓	✓	7/22/01
105	✓	✓	3/24/02
106	✓	✓	9/12/02
107	✓	✓	
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140	✓	✓	
141	✓	✓	
142	✓	✓	
143	✓	✓	
144	✓	✓	
145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)